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| Fill in this information to identify your case: | | | | | | |
|---|-------------------------------|--|--|--|--|--|
| United States Bankruptcy Court for the: | | | | | | |
| Northern District of: Illinois (State) | | | | | | |
| Case number (if known) | Chapter you are filing under: | | | | | |
| | Chapter 7 Chapter 11 | | | | | |
| | Chapter 12 Chapter 13 | | | | | |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | f | |
|---|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Ashley | |
| Write the name that is on | First name | First name |
| your government-issued picture identification (for example, your driver's | Middle name Graham | Middle name |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the last 8 years | First name | First name |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 | XXX - XX | xxx - xx- |
| digits of your Social Security number or federal | OR | OR |
| Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |
| \ \ \ \ \ | | |

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| D | First Name | Middle Name | Last Name | Case number (# kh | | |
|----|---|---|---|-------------------|---|------------------------|
| | | | | | | |
| | | About Debtor 1: | | About Debt | tor 2 (Spouse Only | / in a Joint Case): |
| 4. | Any business names and Employer | I have not used any busine | ss names or EINs. | ☐ I have no | ot used any business nam | nes or EINs. |
| | Identification Numbers (EIN) you have used in the | Business name | | Business na | ame | |
| | last 8 years | Business name | | Business na | ame | |
| | Include trade names and doing business as names | EIN | | EIN | | |
| | | EIN | | EIN | | |
| 5. | Where you live | | | If Debtor 2 li | ives at a different addr | ess: |
| | | 5550 S Dorchester Ave Apt 709 Number Street | | Number | Street | |
| | | Chicago Illinois | 60637 | | | |
| | | City State Cook | Zip Code | City | State | Zip Code |
| | | County | | County | | |
| | | If your mailing address is diff fill it in here. Note that the coun this mailing address. | | | mailing address is diffe that the court will send an | |
| | | Number Street | | Number | Street | |
| | | City State | Zip Code | - City | State | 7in Codo |
| 6 | Why you are | Oity Glate | 219 0000 | City | Sidie | Zip Code |
| ٠. | choosing this | Check one: | | Check one: | | |
| | district to file for bankruptcy | Over the last 180 days before lived in this district longer to | ore filing this petition, I have han in any other district. | | last 180 days before filin his district longer than in | |
| | | I have another reason. Exp | lain. (See 28 U.S.C. §§ 1408.) | I have an | nother reason. Explain. (S | ee 28 U.S.C. §§ 1408.) |
| | | | | - | | |
| | | | | | | |
| | | | | - | | |
| | | | | - | | |
| | | | | | | |

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| First Name | Middle Name Last Name |
|--|--|
| | ırt About Your Bankruptcy Case |
| 7. The chapter of the Bankruptcy Council you are choosing file under | B2010)). Also, go to the top of page 1 and check the appropriate box. |
| 8. How you will pa | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |
| 9. Have you filed the last 8 years' | nin No. |
| 10. Are any bankrup cases pending being filed by a spouse who is filing this case you, or by a business partneby an affiliate? | Yes. Debtor Relationship to you not District When Case number, if known MM / DD / YYYY Debtor Relationship to you Relationship to you Relationship to you |
| 11. Do you rent you residence? | ✓ No. Go to line 12. ✓ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. ✓ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. |

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| Debtor 1 Ashley | | | | Graham | Case number (if known) | | |
|--|--------|--------------------|--|--|--|---|---------|
| First Name | _ | | | Last Name | | | |
| Part 3: Report About An | y Bus | inesse | es You Own as a S | Sole Proprietor | | | |
| 12. Are you a sole proprietor of any full- or part-time business? | ✓ | No. Yes. | Go to Part 4. Name and location of b Name of business, if ar | | | | _ |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | Number | Street | N. 1. | 7i- O-J | - - |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | Single Asset Re Stockbroker (as | siness (as defined in eal Estate (as defined defined in 11 U.S.C. ker (as defined in 11 U | 11 U.S.C. § 101(27A)) I in 11 U.S.C. § 101(51B)) § 101(53A)) | Zip Code | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your more operations, cash-flow statement, and federal income tax return or if any of these documents debtor? | | | | or, you must attach your most r | recent balance sheet, statement | of | |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D). | | No. No. Yes. | Bankruptcy Code. | er 11, but I am NOT | a small business debtor accord | ding to the definition in the the other than the definition in the Bankruptcy | / Code. |
| Part 4: Report if You Ow | n or l | Have A | Any Hazardous Pro | operty or Any P | roperty That Needs Imi | mediate Attention | |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and | ✓ | | What is the hazard? If immediate attention is r | needed why is it need | led? | | |
| identifiable hazard to public health or safety? Or do you own any property | | | Where is the property? | | | | |
| that needs immediate attention? | | | | Number | Street | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | City | State | Zip Code | |

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Debtor 1 Ashley Graham Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Debtor 1 Ashley First Name | | Graham Case number (if | known) | | | | |
|---|---|--|--|--|--|--|--|
| | estions for Reporting Purpos | | | | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availai No. Yes. | | erty is excluded and administrative expenses are | | | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 | | | | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 millior | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 millior | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| Part 7: Sign Below | | | | | | | |
| I have examined this petition, and I declare under penalty of and correct. If I have chosen to file under Chapter 7, I am aware that I mand 11,12, or 13 of title 11, United States Code. I understand the choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay me fill out this document, I have obtained and read the notice I request relief in accordance with the chapter of title 11, United I understand making a false statement, concealing property, connection with a bankruptcy case can result in fines up to \$2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | oroceed, if eligible, under Chapter 7, ef available under each chapter, and I omeone who is not an attorney to help quired by 11 U.S.C. § 342(b). States Code, specified in this petition. obtaining money or property by fraud in | | | | | |

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| Debtor 1 | Ashley | | Graham | Case number (i | if known) |
|--|-------------------|--|--|--|---|
| | First Name | Middle Name | Last Name | | |
| you are by one If you a represe | | eligibility to proceed un the relief available und to the debtor(s) the no | nder Chapter 7, 11, 12 der each chapter for w otice required by 11 U.S | , or 13 of title 11, Unhich the person is e S.C. § 342(b) and, in | nat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
| | o file this page. | /s/ Amy Gerstein Signature of Attorney | for Debtor | Date | 11/11/2016 MM / DD / YYYY |
| | | Amy Gerstein Printed name Semrad Law Firm Firm name 11101 S. Western Ave | enue | | |
| | | Chicago City | | Illinois State | 60643 Zip Code |
| | | Contact phone | 3128374023 | Email address | agerstein@semradlaw.com |
| | | | | Illino | ois . |
| | | Bar number | <u> </u> | State | 9 |

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| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|-------------|-----------------------------|--|--|--|--|
| Debtor 1 | Ashley | | Graham | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | | | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois(State) | | | | |
| Case number (If known) | | | (State) | | | | |

| П | Check if this is ar |
|---|---------------------|
| | amended filing |

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|---|
| | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$16,190.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$16,190.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$25,993.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$65,538.09 |
| Your total liabilities | \$91,531.09 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,998.00 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$1,298.00 |
| | |

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| De | btor 1 | Ashley | | Graham | Case n | umber (if known) | | | | |
|-------------|--|---|---------------------------|-------------------------------|-------------------|---------------------------|------------|--|--|--|
| | | First Name | Middle Name | Last Name | | | | | | |
| Par | t 4: | Answer These Questio | ns for Administrat | ive and Statistical Re | ecords | | | | | |
| 6. | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | | |
| | ✓ Yes. | | | | | | | | | |
| 7. \ | What I | kind of debt do you have? | | | | | | | | |
| | _ | our debts are primarily consumily, or household purpose. 11 | | | | | | | | |
| | | our debts are not primarily ais form to the court with your court | | ave nothing to report on this | part of the form | . Check this box and subm | iit | | | |
| 8. | | the Statement of Your Cu 122A-1 Line 11; OR, Form 12 | • | 1,,, | nthly income from | m Official | \$1,998.00 | | | |
| 9. | Cop | by the following special cate | gories of claims from | Part 4, line 6 of Schedule | E/F: | | | | | |
| | Fro | m Part 4 on Schedule E/F, c | opy the following: | | | Total claim | | | | |
| | 9a. | Domestic support obligations | (Copy line 6a.) | | | \$0.00 | | | | |
| | 9b. | Taxes and certain other debts y | ou owe the government. | (Copy line 6b.) | | \$0.00 | | | | |
| | 9c. (| Claims for death or personal in | jury while you were intox | icated. (Copy line 6c.) | | \$0.00 | | | | |
| | 9d. \$ | Student loans. (Copy line 6f.) | | | | \$38,379.00 | | | | |
| | | Obligations arising out of a seprity claims. (Copy line 6g.) | paration agreement or div | vorce that you did not report | as | \$0.00 | _ | | | |
| | 9f. C | Debts to pension or profit-shari | ng plans, and other simi | ar debts. (Copy line 6h.) | | \$0.00 | | | | |
| | 9g. ' | Total. Add lines 9a through 9f | | | | \$38,379.00 | | | | |

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| Fill in this | information to identify your cas | se: | | | |
|--|---|--|--|---|--|
| Debtor 1 | Ashley | | Graham | | |
| Dobtor 1 | First Name | Middle N | - | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle N | lame Last Name | | |
| | | | | | |
| United Sta | ates Bankruptcy Court for the: | Northern | District of Illinois (State) | | |
| Case num | nber | | (0.6.6) | | |
| (If known) | | | | | Check if this is an |
| Officia | al Form 106A/B | | | | amended filing |
| Sche | dule A/B: Prope | erty | | | 12 <i>/</i> · |
| category v responsib write your Part 1: | where you think it fits best. Bele for supplying correct inforname and case number (if known bescribe Each Resider uown or have any legal or ed | e as complete and ormation. If more s nown). Answer ev nce, Building, | an asset only once. If an asset fits in more than d accurate as possible. If two married people ar space is needed, attach a separate sheet to this ery question. Land, or Other Real Estate You Own on any residence, building, land, or similar property. | e filing together, both are form. On the top of any a | equally dditional pages, |
| | No. Go to Part 2 | | | | |
| ш | Yes. Where is the property? | | What is the property? Check all that apply. | Do not deduct secured o | laims or exemptions. Put |
| 1.1 | | | Single-family home | the amount of any secure | ed claims on Schedule D: |
| | Street address, if available, or | r other description | Duplex or multi-unit building | | aims Secured by Property. |
| | | | Condominium or cooperative | Current value of the entire property? | Current value of the portion you own? |
| | | | Manufactured or mobile home | | |
| | Number Street | | Land Investment property | Describe the nature of | your ownership |
| | | | Timeshare | interest (such as fee si the entireties, or a life | |
| | City State | Zip Code | Other | | |
| | | | Who has an interest in the property? Check | Check if this is co (see instructions) | |
| | | | one. | | |
| | | | Debtor 1 only | | |
| | | | Debtor 2 only Debtor 1 and Debtor 2 only | | |
| | | | At least one of the debtors and another | | |
| | | | Other information you wish to add about this property identification number: | item, such as local | |
| If you | own or have more than one, list | here: | | | |
| 4.0 | | | What is the property? Check all that apply. | | laims or exemptions. Put ed claims on <i>Schedule D:</i> |
| 1.2 | Street address, if available, or | r other description | ☐ Single-family home ☐ Duplex or multi-unit building | | aims Secured by Property. |
| | | | Condominium or cooperative | Current value of the | Current value of the |
| | | | Manufactured or mobile home | entire property? | portion you own? |
| | | | Land | | |
| | Number Street | | Investment property | Describe the nature of | |
| | - | | Timeshare | interest (such as fee si the entireties, or a life | |
| | City State | Zip Code | Other | | <u> </u> |
| | | | Who has an interest in the property? Check | Check if this is co (see instructions) | mmunity property |

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 and Debtor 2 only

Debtor 1 only Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

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| Debtor 1 | | Malalla Niana | | mber (if known) | |
|--------------------|----------------------------------|----------------------|--|---|--|
| | First Name | Middle Name | Last Name | De est de destace en de | laine and an annual and But |
| 1.3 | | | What is the property? Check all that apply. | | laims or exemptions. Put ed claims on <i>Schedule D:</i> |
| | et address, if available, or ot | her description | ☐ Single-family home | | aims Secured by Property. |
| | | | Duplex or multi-unit building | 0 | Occurrent control of the |
| | | | Condominium or cooperative | Current value of the entire property? | Current value of the portion you own? |
| | | | Manufactured or mobile home | onino proporty : | portion you own. |
| Nun | nber Street | | Land | | |
| | | | Investment property | Describe the nature of | • |
| City | State | Zip Code | Timeshare | interest (such as fee si the entireties, or a life | |
| O.i.y | Clato | 2.6 0000 | Other | | |
| | | | Who has an interest in the property? Check one | Check if this is co | mmunity property |
| | | | Debtor 1 only | (see instructions) | |
| | | | Debtor 2 only | | |
| | | | Debtor 1 and Debtor 2 only | | |
| | | | | | |
| | | | At least one of the debtors and another | | |
| | | | Other information you wish to add about this it | em, such as local | |
| 2 V44 | the dollar value of the nor | tion you own for | property identification number: all of your entries from Part 1, including any en | tries for names | |
| | | | ere | | |
| _ | | | | | |
| | | | | | |
| Part 2: | Describe Your Vehicle | es | | | |
| | | | t in any vehicles, whether they are registered or i | not? Include any vehicles | |
| | | | also report it on Schedule G: Executory Contracts and | | |
| 3. <u>Cars,</u> va | ns, trucks, tractors, sport util | lity vehicles, motor | cycles | | |
| ☐ No | 1 | | | | |
| ✓ Ye | S | | | | |
| 3.1 | Make | Mercedes | Who has an interest in the property? Check | | claims or exemptions. Put |
| | Model: | GL450 | one. | | ed claims on Schedule D: |
| | Year: Approximate mileage: | 2009 200000 | Debtor 1 only | Creditors Who Have Cla | aims Secured by Property. |
| | Approximate mileage. | 200000 | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | | At least one of the debtors and another | \$12065.00 | \$12065.00 |
| | | | Check if this is community property (se | ٥ | |
| | | | instructions) | C | |
| 3.2 | Make | Infinity | Who has an interest in the property? Check | k Do not deduct secured o | claims or exemptions. Put |
| | Model: | G35 | one. | | ed claims on Schedule D: |
| | Year: | 2004 | Debtor 1 only | Creditors Who Have Cla | aims Secured by Property. |
| | Approximate mileage: | 100000 | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | | At least one of the debtors and another | \$4125.00 | \$4125.00 |
| | | | | | |
| | | | Check if this is community property (se instructions) | е | |

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| tor 1 | Ashley | Graham Case number | ei (if known) | |
|-------|--|--|---|--|
| | First Name Middle N | | | |
| 3.3 | Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on <i>Schedule L</i> |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another Check if this is community property (see | | |
| | | instructions) | | |
| 3.4 | Make | Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure | |
| | Year: | Debtor 1 only | Creditors Who Have Cla | aims Secured by Prope |
| | Approximate mileage: Other information: | Debtor 2 onlyDebtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information. | At least one of the debtors and another | ——— | — — — — |
| | | Check if this is community property (see instructions) | | |
| Exar | | and other recreational vehicles, other vehicles, and acce- vatercraft, fishing vessels, snowmobiles, motorcycle accessori | | |
| Exar | nples: Boats, trailers, motors, personal w No | | Do not deduct secured countries amount of any secure | ed claims on Schedule |
| Exar | mples: Boats, trailers, motors, personal w No Yes Make | watercraft, fishing vessels, snowmobiles, motorcycle accessoric who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on <i>Schedule i</i> aims Secured by Prope |
| Exar | mples: Boats, trailers, motors, personal w No Yes Make Model: Year: | watercraft, fishing vessels, snowmobiles, motorcycle accessoric who has an interest in the property? Check one. | Do not deduct secured countries amount of any secure | ed claims on <i>Schedule</i> a aims Secured by Prope |
| Exar | nples: Boats, trailers, motors, personal w No Yes Make Model: Year: Approximate mileage: | watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule a aims Secured by Prope Current value of th |
| Exar | mples: Boats, trailers, motors, personal w No Yes Make Model: Year: Approximate mileage: | watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule a aims Secured by Prope Current value of th |
| 4.1 | Make Model: Year: Approximate mileage: Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured of the amount of any secure Creditors Who Have Cle Current value of the entire property? Do not deduct secured of | ed claims on Schedule aims Secured by Prope Current value of th portion you own? claims or exemptions. Properties of the portion of the portion you own? |
| 4.1 | Make Model: Other information: Make Model: Year: Approximate mileage: Make Model: Year: Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Cle Current value of the entire property? | ed claims on Schedule aims Secured by Proper Current value of the portion you own? claims or exemptions. Ped claims on Schedule |
| 4.1 | Make Model: Approximate mileage: Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | ed claims on Schedule aims Secured by Properation Yellow Of the portion you own? daims or exemptions. Properations on Schedule aims Secured by Properations of the Current value of the |
| 4.1 | Make Model: Other information: Make Model: Year: Approximate mileage: Make Model: Year: Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classifications | ed claims on Schedule aims Secured by Properation you own? claims or exemptions. Properations on Schedule aims Secured by Properations Secured by Properations. |
| 4.1 | Make Model: Approximate mileage: Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | ed claims on Schedule is aims Secured by Prope Current value of the portion you own? daims or exemptions. Prope de claims on Schedule is aims Secured by Prope Current value of the |

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Graham Debtor 1 Ashley Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **√** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **√** No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver **✓** No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses **✓** No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **√** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

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| Deb | tor 1 | Ashley | | Graham | Case number (if known) | |
|------|-------|--|--|------------------------------|-------------------------------------|--|
| | | First Name | Middle Name | Last Name | | |
| Part | 4: | Describe Your F | inancial Assets | | | |
| Do | you | own or have a | ny legal or equitable inte | erest in any of the follo | owing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | No | in your wallet, in your home, in a s | | when you file your petition Cash: | |
| 17. | Exa | | vings, or other financial accounts; itutions. If you have multiple acco | | in credit unions, brokerage houses, | |
| | | | 17.1. Checking account: | | | |
| | | | 17.2. Checking account: | | | |
| | | | 17.3. Savings account: | | | |
| | | | 17.4. Savings account: | | | - |
| | | | 17.5. Certificates of deposit: | | | - |
| | | | 17.6. Other financial account: | | | - |
| | | | 17.7. Other financial account: | | | |
| | | | 17.8. Other financial account: | - | | |
| | | | 17.9. Other financial account: | - | | |
| 18. | | | or publicly traded stocks vestment accounts with brokerage | firms, money market accounts | 3 | |
| | | No Yes | Institution or issuer name: | | | |
| | | | | | | |
| 19. | an L | -publicly traded sto LC, partnership, a | | ted and unincorporated bus | inesses, including an interest in | |
| | | Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | | | | | | |

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| Deb | tor 1 | Ashley | | Graham | Case number (if known) | |
|-----|----------|--|---|--|---------------------------------|--|
| | | First Name | Middle Name | Last Name | | |
| 20. | | | orate bonds and other negotiabl | | | |
| | | | nclude personal checks, cashiers' ch | | | |
| | | _ | nts are those you cannot transfer to | someone by signing or deliverin | g them. | |
| | ✓ | No | | | | |
| | | Yes. Give specific | | | | |
| | | information about | Issuer name: | | | |
| | | them | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 21 | Ref | tirement or pension | accounts | | | |
| | | | RA, ERISA, Keogh, 401(k), 403(b), th | nrift savings accounts, or other p | pension or profit-sharing plans | |
| | V | No | | | | |
| | П | Yes. List each | Type of account: | nstitution name: | | |
| | ш | account | 401(k) or similar plan: | | | |
| | | separately. | · · · · · · · · · · · · · · · · · · · | | | |
| | | | Pension plan: | | | |
| | | | IRA: | | | |
| | | | Retirement account: | | | |
| | | | Keogh: | | | |
| | | | - | | | |
| | | | Additional account: | | | |
| | | | Additional account: | | | |
| 22. | | curity deposits and p | | | | |
| | You | ır share of all unused o | deposits you have made so that you r | may continue service or use from | a company | |
| | | amples: Agreements v npanies, or others | with landlords, prepaid rent, public u | tilities (electric, gas, water), telec | communications | |
| | ✓ | | 1 | nstitution name: | | |
| | | No | · | notitution name. | | |
| | Ш | Yes | Electric: | | | |
| | | | Gas: | | | |
| | | | Heating oil: | | | |
| | | | Security deposit on rental unit: | | | |
| | | | Prepaid rent: | | | |
| | | | Telephone: | | | |
| | | | Water: | | | |
| | | | Rented furniture: | | | |
| | | | Other: | | | |
| 23 | Anı | nuities (A contract for | - r a periodic payment of money to you | Leither for life or for a number of | f vears) | |
| 20. | | No | a penedio payment of meney to yet | i, old for the of for a flatfibor of | , youro, | |
| | | | Issuer name and description: | | | |
| | Ш | Yes | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| DCDI | or 1 Ashley First Name | | Viiddle Name | Graham Last Name | Case number (if known) | |
|------|--|---|------------------------|------------------------------------|---|--|
| 24. | Interests in a | | account in a qual | | der a qualified state tuition program | • |
| | ✓ No | | | | | |
| | Yes | Institution name and de | scription. Separately | file the records of any interest | s.11 U.S.C. § 521(c): | |
| | | | | | | |
| | | | | | | |
| 25. | Trusts, equita | able or future interests | s in property (othe | r than anything listed in line | e 1), and rights or powers | |
| | | or your benefit | | | | |
| | ✓ No Yes. Desc | eribe | | | | 7 |
| | | | | | | |
| 26. | | _ | | ther intellectual property | | |
| | No No | met domain names, wer | osites, proceeds from | n royalties and licensing agree | ments | |
| | Yes. Desc | ribe | | | | |
| | | | | | | |
| 27. | | nchises, and other ger | | re association holdings, liquor | licenses, professional licenses | |
| | , No | · · · | , , | 5 / T | , | |
| | Yes. Desc | cribe | | | | |
| | | | | | | |
| Mor | ney or prope | erty owed to you? | | | | Current value of the portion you own? Do not deduct secured |
| | | | | | | claims or exemptions |
| 28. | Tax refunds o | wed to you | | | | claims or exemptions. |
| 28. | Tax refunds o | wed to you | | | | |
| 28. | ✓ No Yes. Give s | wed to you specific information t them, including whethe | r | | Federal: | \$0.00 |
| 28. | ✓ No Yes. Give s abou you a | specific information | r | | Federal: State: | |
| | Yes. Give sabou you a and t | specific information t them, including whethe Ilready filed the returns he tax years | r | | | \$0.00 |
| 29. | Yes. Give s abou you a and t | specific information t them, including whethe Ilready filed the returns he tax years | | hild support, maintenance, div | State: | \$0.00 \$0.00 |
| 29. | Yes. Give s abou you a and t Family support Examples: Past | specific information t them, including whethe Ilready filed the returns he tax years rt due or lump sum alimor | | child support, maintenance, div | State: Local: vorce settlement, property settlement | \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give s abou you a and t Family support Examples: Past | specific information t them, including whethe Ilready filed the returns he tax years | | child support, maintenance, div | State: Local: rorce settlement, property settlement Alimony: | \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give s abou you a and t Family support Examples: Past | specific information t them, including whethe Ilready filed the returns he tax years rt due or lump sum alimor | | child support, maintenance, div | State: Local: rorce settlement, property settlement Alimony: Maintenance: | \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give s abou you a and t Family support Examples: Past | specific information t them, including whethe Ilready filed the returns he tax years rt due or lump sum alimor | | child support, maintenance, div | State: Local: rorce settlement, property settlement Alimony: Maintenance: Support: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give s abou you a and t Family support Examples: Past | specific information t them, including whethe Ilready filed the returns he tax years rt due or lump sum alimor | | child support, maintenance, div | State: Local: rorce settlement, property settlement Alimony: Maintenance: | \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | ✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s | specific information t them, including whethe Ilready filed the returns he tax years rt due or lump sum alimor specific information | | child support, maintenance, div | State: Local: rorce settlement, property settlement Alimony: Maintenance: Support: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | ✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s Other amount Examples: Unp | specific information t them, including whethe llready filed the returns he tax years t due or lump sum alimor specific information s someone owes you aid wages, disability insu | ny, spousal support, o | sability benefits, sick pay, vacat | State: Local: rorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | ✓ No Yes. Give s abou you a and t Family suppoi Examples: Past ✓ No Yes. Give s Other amount Examples: Unp Soc | specific information t them, including whethe llready filed the returns he tax years rt due or lump sum alimor specific information | ny, spousal support, o | sability benefits, sick pay, vacat | State: Local: rorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | ✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s Other amount Examples: Unp | specific information t them, including whethe Ilready filed the returns he tax years t due or lump sum alimor specific information s someone owes you aid wages, disability insu ial Security benefits; unp | ny, spousal support, o | sability benefits, sick pay, vacat | State: Local: rorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Ashley | Graham | Case number (if known) | |
|------|---|--|--|--|
| | First Name Middle Name | Last Name | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; hea | alth savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| | ✓ No Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from some some some are the beneficiary of a living trust, expect property because someone has died. No Yes. Describe | | r are currently entitled to receive | _ |
| 33. | Claims against third parties, whether or not y Examples: Accidents, employment disputes, insur No Yes. Describe | | demand for payment | |
| 34. | Other contingent and unliquidated claims of to set off claims No Yes. Describe | every nature, including counterc | aims of the debtor and rights | |
| 35. | Any financial assets you did not already list | | | |
| | Yes. Describe | | | |
| 36. | Add the dollar value of all of your entries from for Part 4. Write that number here | | | |
| Part | 5: Describe Any Business-Related P | roperty You Own or Have a | n Interest In. List any real estat | e in Part 1. |
| 37. | Do you own or have any legal or equitable int | erest in any business-related prop | erty? | |
| | No. Go to Part 6. Yes. Go to line 38. | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts receivable or commissions you alre | ady earned | | |
| 39. | Yes. Describe Office equipment, furnishings, and supplies | | | |
| J3. | Examples: Business-related computers, software, No | , modems, printers, copiers, fax mach | ines, rugs, telephones, desks, chairs, elect | ronic devices |
| | Yes. Describe | | | |

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| Deb | tor 1 Ashley | Graham Case number (if known) | |
|-------|--------------------------------------|---|---------------------------------------|
| 40. | First Name Machinery, fixtures, ed | Middle Name Last Name quipment, supplies you use in business, and tools of your trade | |
| 10. | No | parprisent, capprise you doe in business, and tools of your duds | |
| | Yes. Describe | | |
| | | | |
| 41 | Inventory | | |
| 7 | _ | | |
| | ✓ No Yes. Describe | | |
| | Teo. Describe | | |
| 42 | Interacte in partnersh | ine or joint ventures | |
| 42. | Interests in partnersh | ips or joint ventures | |
| | _ | Name of entity: % of ownership: | |
| | Yes. Give specific information about | | |
| | them | | |
| | | | |
| 12.4 | Customor lista mailina | lists or other compilations | |
| 43. (| | lists, or other compilations | |
| | ✓ No | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | Tes. Do your lists if | icidude personally identificable information (as defined in 11 0.3.5. § 101(41A))? | |
| | ☐ No | | |
| | Yes. Desc | ribe | |
| 44. | Any business-related | property you did not already list | |
| | ✓ No | | |
| | Yes. Give specific | | |
| | information | | |
| | | 9 | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | Il of your entries from Part 5, including any entries for pages you have attached | |
| for P | art 5. Write that numbe | r here | |
| Part | | Farm- and Commercial Fishing-Related Property You Own or Have an Interest In niterest in farmland, list it in Part 1. | 1. |
| 46. | Do you own or have a | ny legal or equitable interest in any farm- or commercial fishing-related property? | |
| | No. Go to Part 7. | | Current value of the portion you own? |
| | Yes. Go to line 47. | | Do not deduct secured |
| | | | claims |
| 47. | Farm animals | | or exemptions |
| ''' | Examples: Livestock, po | ultry, farm-raised fish | |
| | ✓ No | | |
| | Yes. Describe | | |
| | _ | | |

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| Debt | tor 1 | Ashley | 2011 | Graham | Case number (if known) | |
|--------------|----------|---------------------------|--|--------------------------|--------------------------------|--------------|
| 40 | _ | First Name | Middle Name | Last Name | | |
| 48. | Cro | ops-either growing o - | or narvested | | | |
| | ✓ | No | | | | |
| | L | Yes. Describe | | | | |
| | | | | | | |
| 49. | Fa | rm and fishing equip | ment, implements, machinery, fixt | ures, and tools of trade | • | |
| | ✓ | No | | | | |
| | Ë | Yes. Describe | | | | |
| | | | | | | |
| 5 0 | _ | | | | | |
| 50. | Fa: | rm and fishing suppl - | lies, chemicals, and feed | | | |
| | ✓ | _ | | | | |
| | | Yes. Describe | | | | |
| | | | | | | |
| 51. | An | y farm- and commer | cial fishing-related property you di | d not already list | | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | | | | | | |
| | | | | | Ī | |
| | | | of your entries from Part 6, including | | | |
| 101 1 6 | ai t c | . Write that number i | | | | |
| | | | | | | |
| Dest | 7. | Dogoriho All Dra | anarty Val. Own or Have on I | ntoroot in That You | Did Not List Above | |
| Part | | | operty You Own or Have an I perty of any kind you did not alread | | Did Not List Above | |
| 55. | Exa | amples: Season tickets | , country club membership | y list: | | |
| | ✓ | l _{No} | | | | 1 |
| | П | Yes. Give specific | | | | |
| | | information | | | | |
| | | | | | | |
| | | | | | | |
| 54. A | dd t | he dollar value of all | of your entries from Part 7. Write t | hat number here | > | |
| | | | | | | |
| | | | | | | |
| Part | 8: | List the Totals of | of Each Part of this Form | | | |
| - | | 4. Tatal al a state 15 | · 0 | | | |
| 55. F | art | 1: Total real estate, I | ine 2 | | | |
| 56. p | art | 2 total vehicles, line | 5 | ¢4¢400 00 | | |
| | | | I household items, line 15 | \$16190.00 | _ | |
| | | - | | | <u> </u> | |
| 58. P | art 4 | 4: Total financial asse | ets, line 36 | | <u> </u> | |
| 59. F | Part | 5: Total business-re | lated property, line 45 | | <u></u> | |
| 60. F | Part | 6: Total farm- and fis | shing-related property, line 52 | | | |
| 61. F | Part | 7: Total other prope | rty not listed, line 54 | | | |
| 62. 1 | ota | l personal property. | Add lines 56 through 61 | ¢16100.00 | | . \$16100.00 |
| - | | | Ç | \$16190.00 | Copy personal property total ▶ | + \$16190.00 |
| | | | | | | \$16190.00 |
| 63 T | otal | of all property on So | chedule A/B. Add line 55 + line 62 | | | Ψ10130.00 |

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| Fill in this inform | nation to identify your cas | e: | | |
|---------------------------|-----------------------------|-------------|------------------------------|--|
| Debtor 1 | Ashley | | Graham | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | (State) | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | t1: Identify the Property You Cla | im as Exempt | | |
|-----|--|---|---|------------------------------------|
| 1. | Which set of exemptions are you claiming. You are claiming state and federal nonling. You are claiming federal exemptions. 19 For any property you list on Schedule A | pankruptcy exemptions. 1 1 U.S.C. § 522(b)(2) | 11 U.S.C. § 522(b)(3) | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| | Brief description: Infinity G35, 2004 Line from Schedule A/B: 03 | \$4,125.00 | \$2,125.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| | Brief description: Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover Official Form 106C No Yes | 3 years after that for caed by the exemption with | | page 1 |

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| Fill in | this inform | ation to identify your case: | | | | | |
|-----------------|-------------------------|---|------------------------------|--|--------------------------|--------------------------|---------------------|
| | | | | Oralisas | | | |
| Debt | or 1 | Ashley First Name | Middle Name | Graham Last Name | | | |
| Debt | | | | | | | |
| (Spot | use, if filing | First Name | Middle Name | Last Name | | | |
| Unite | d States Ba | ankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case (If knd | number | | | (State) | | | |
| , | - | orm 106D | | | | П | Check if this is ar |
| | | _ | ors Who Ha | ve Claims Secur | ed by Pro | | mended filing |
| Be as | complete | and accurate as possibl | e. If two married people | are filing together, both are equal | ly responsible for s | upplying correct inform | |
| • | | i, copy the Additional Pa er (if known). | ige, fill it out, number th | e entries, and attach it to this form | i. On the top of any | additional pages, write | e your name |
| 1. | Do any cre | editors have claims secui | red by your property? | | | | |
| | No. Ch | neck this box and submit th | is form to the court with yo | ur other schedules. You have nothing | else to report on this f | form. | |
| ĺ | ✓ Yes. F | ill in all of the information b | elow. | | | | |
| Part | 1: List / | All Secured Claims | | | | | |
| 2. | | | r has more than one secu | red claim, list the creditor separately | Column A | Column B | Column C |
| | for each c | laim. If more than one cred | ditor has a particular claim | , list the other creditors in Part 2. As | Amount of claim | Value of | Unsecured |
| | much as p | possible, list the claims in a | alphabetical order accordi | ng to the creditor's name. | Do not deduct the | collateral | portion |
| | | | | | value of collateral. | that supports this claim | If any |
| 2.1 | | r Consumer USA | Describe the property | that secures the claim: | \$23,993.00 | \$12,065.00 | \$11,928.00 |
| | Creditor's PO Box 9 | | Automobile | | | | |
| | Numbe | | | the claim is: Check all that apply. | | | |
| | | | Contingent | | | | |
| | Fort Worth | Texas 76161 | Unliquidated | | | | |
| | City | State ZIP Code | Disputed | | | | |
| | | es the debt? Check one. | Nature of lien. Check a | II that apply. | | | |
| | | or 1 only | An agreement you r car loan) | nade (such as mortgage or secured | | | |
| | | or 2 only or 1 and Debtor 2 only | | as tax lien, mechanic's lien) | | | |
| | | ast one of the debtors and | Judgment lien from | • | | | |
| | anoth | er | Other (including a ri | ght to offset) | | | |
| | | k if this claim relates community debt | Last 4 digits of account | nt number 1000 | | | |
| | Date debi | | Last 4 digits of accoun | Turiber | | | |
| 2.2 | Title Max Creditor's | Nama | Describe the property | that secures the claim: | \$2,000.00 | \$4,125.00 | \$0.00 |
| | | Western Avenue | Title Loan | | | | |
| | Numbe | er Street | | the claim is: Check all that apply. | | | |
| | | | Contingent | | | | |
| | Blue Island | Illinois 60406 | Unliquidated Disputed | | | | |
| | City | State ZIP Code es the debt? Check one. | Nature of lien. Check a | Il that apply | | | |
| | | or 1 only | _ | nade (such as mortgage or secured | | | |
| | | or 2 only | car loan) | nade (such as mortgage or secured | | | |
| | Debto | or 1 and Debtor 2 only | Statutory lien (such | as tax lien, mechanic's lien) | | | |
| | | ast one of the debtors and | Judgment lien from | a lawsuit | | | |
| | anoth Chec | er k if this claim relates | ✓ Other (including a ri | ght to offset) | | | |
| | | community debt | Last 4 digits of accou | nt number | | | |
| | | Add the dollar value of v | your entries in Column | A on this page. Write that | \$25,993.00 | | |
| | | number bere: | Ca. Challes III Column | . o and page. Write triat | Ψ20,000.00 | | |

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| Fill i | n this inform | ation to identify your cas | e: | | | | | |
|---|--|--|---|---|--|--|---|---|
| Deb | tor 1 | Ashley | | Graham | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| Deb | | First Name | Middle Norse | LastNama | | | | |
| (Spc | use, ii iiiiig | First Name | Middle Name | Last Name | | | | |
| Unit | ed States Ba | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| Cas | e number | | | (State) | | | | |
| | own) | | | | | | | |
| Off | icial F | orm 106E/F | | | | Cł | neck if this is a | n amended filing |
| <u> </u> | hodu | lo E/E: Cro | ditors Who | Have Unsec | urad Claime | | | |
| <u> </u> | neau | ile E/F. Cre | cultors vviio | nave unsec | ureu Ciaims | | | 12/15 |
| party 106A that a entric know | to any exe /B) and on are listed in es in the bo n). | cutory contracts or un Schedule G: Executor Schedule D: Creditor oxes on the left. Attach | expired leases that could r y Contracts and Unexpired s Who Hold Claims Secur the Continuation Page to | rs with PRIORITY claims a result in a claim. Also list e d Leases (Official Form 10 red by Property. If more spothis page. On the top of a | xecutory contracts on Sch 6G). Do not include any cre ace is needed, copy the Pa | edule A/E editors wit art you ne | <i>: Property</i> (O h partially sed ed, fill it out, i | official Form cured claims number the |
| Part | 1: List A | All of Your PRIORI | TY Unsecured Claims | 3 | | | | |
| 1. | | | nsecured claims against yo | ou? | | | | |
| | No. G | o to Part 2. | | | | | | |
| | Yes. | | | | | | | |
| 2. | | | | ore than one priority unsecur | | arately for | each claim. Fo | or each claim |
| | much as po Continuation | on Page of Part 1. If more | alphabetical order according e than one creditor holds a p | and nonpriority amounts, list to to the creditor's name. If you particular claim, list the other or this form in the instruction b | have more than two priority creditors in Part 3. | | d nonpriority a | mounts. As |

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| Debto | | ham Case number (if known) | | | | | |
|--------|--|---|--|--|--|--|--|
| | First Name Middle Name Last | Name | | | | | |
| Part 2 | List All of Your NONPRIORITY Unsecured Claims | | | | | | |
| 3. | Do any creditors have nonpriority unsecured claims against you | ? | | | | | |
| 1 | No. You have nothing to report in this part. Submit this form to the | | | | | | |
| | Yes. | Court Will your outer sorroughes. | | | | | |
| | | | | | | | |
| | | order of the creditor who holds each claim. If a creditor has more than one priority | | | | | |
| | | claim listed, identify what type of claim it is. Do not list claims already included in Part 1. s in Part 3.If you have more than four priority unsecured claims fill out the Continuation | | | | | |
| | Page of Part 2. | s in Fait 3.11 you have more than four phonty unsecured claims fill out the Continuation | | | | | |
| | ago or ranz. | Total claim | | | | | |
| | Advances Trinit allocated | | | | | | |
| 4.1 | Advocate Trinity Hospital Nonpriority Creditor's Name | Last 4 digits of account number \$500.00 | | | | | |
| | P.O. Box 3039 | When was the debt incurred? n/a | | | | | |
| | Number Street | As of the date was file the algebraic Charles Helder and | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | |
| | | Contingent | | | | | |
| | Hinsdale Illinois 60522 | Unliquidated | | | | | |
| | City State Zip Code | Disputed | | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | |
| | 블 | Student loans | | | | | |
| | Debtor 2 only | | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | | | | | |
| | Check if this claim relates to a community debt | debts | | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify Medical Bill | | | | | |
| | ✓ No | | | | | | |
| | Yes | | | | | | |
| 40 | | ^ | | | | | |
| 4.2 | AT&T Nonpriority Creditor's Name | Last 4 digits of account number \$800.00 | | | | | |
| | PO Box 105262 | When was the debt incurred?n/a | | | | | |
| | Number Street | As of the date you file the claim is: Check all that apply | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | |
| | | Contingent | | | | | |
| | Atlanta Georgia 30348 | Unliquidated | | | | | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | |
| | Debtor 2 only | Student loans | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | | | | | |
| | | that you did not report as priority claims | | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | | | | | |
| | Check if this claim relates to a community debt | debts | | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify Cell Phone Bill | | | | | |
| | ✓ No | | | | | | |
| | Yes | | | | | | |
| 4.3 | CCI | Last 4 digits of account number 2000 \$567.00 | | | | | |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | | | | |
| | 501 Greene Street # 302 Number Street | When was the debt incurred? 12/1/2015 | | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | | |
| | | Contingent | | | | | |
| | Augusta Georgia 30901 City State Zip Code | Unliquidated | | | | | |
| | City State Zip Code Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | Disputed | | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | | |
| | <u>'</u> | Obligations arising out of a separation agreement or divorce | | | | | |
| | At least one of the debtors and another | that you did not report as priority claims | | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | | | | | |
| | Is the claim subject to offset? | debts Collection: Collecting for | | | | | |
| | ✓ No | Collection; Collecting for ORIGINAL CREDITOR: 10 | | | | | |
| | Yes | COMMONWEALTH EDISON Other Specify COMPANY | | | | | |

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Graham Debtor 1 Ashley Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 CHASE CARD \$2,354.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 15298 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON 19850 Delaware Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify **✓** No Yes 4.5 City of Chicago Parking \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60602 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Parking Tickets & Red Light Is the claim subject to offset? Other. Specify Violations **✓** No Yes **DEPT OF ED/NAVIENT** \$33,433.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 11/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No

Yes

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Graham Debtor 1 Ashley Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim DEPT OF ED/NAVIENT** 4.7 \$1,822.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 11/1/2015 Street Number As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** 4.8 \$1,767.00 Last 4 digits of account number 1014 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Pennsylvania 18773 Wilkes Barre Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** 4.9 \$857.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify_ **✓** No

Yes

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Debtor 1 Ashley Graham Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim DEPT OF ED/NAVIENT** 4.10 \$500.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2016 Street Number As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes **DIVERSIFIED** 4.11 \$373.00 Last 4 digits of account number 0476 Nonpriority Creditor's Name Po Box 1391 When was the debt incurred? 7/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 48195 Southgate Michigan Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|~**| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for |~| **✓** No ORIGINAL CREDITOR: 11 Other. Specify COMCAST Yes 4.12 **ESCALLATE** \$363.00 Last 4 digits of account number _ Nonpriority Creditor's Name 5200 STONEHAM ROAD SUITE 200 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent **NORTH CANTON** Ohio 44720 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **✓** Collection; Collecting for **✓** No ORIGINAL CREDITOR:

Yes

Other. Specify

MEDICAL

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Debtor 1 Ashley Graham Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 **ESCALLATE** \$338.00 Last 4 digits of account number Nonpriority Creditor's Name 5200 STONEHAM ROAD SUITE 200 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **NORTH CANTON** Ohio 44720 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Collection; Collecting for **✓** No ORIGINAL CREDITOR: Other. Specify **MEDICAL** l Yes 4.14 **IDES Springfield** \$380.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 19286 Number As of the date you file, the claim is: Check all that apply. Benefit Repayments Contingent Unliquidated Springfield Illinois 62794 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Over payment of Benefits ✓ Other. Specify Is the claim subject to offset? **✓** No Yes Illinois Tollway 4.15 \$600.00 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogdén Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated Downers Grove Illinois 60515 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify **Tollway Violations** Is the claim subject to offset?

✓ No Yes

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Debtor 1 Ashley Graham Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 Komysew, Christopher \$5,500.00 Last 4 digits of account number Nonpriority Creditor's Name 5150 Drexel Avenue When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60637 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Case #2014-M1-708954 Is the claim subject to offset? **✓** No Yes 4.17 MAB&T-SCUSA \$1,604.00 Last 4 digits of account number 9051 Nonpriority Creditor's Name CREDIT BUREAU REPO POB 961245 When was the debt incurred? 4/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated FORT WORTH Texas 76181 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.18 one advantage LLC \$332.00 Last 4 digits of account number 5818 Nonpriority Creditor's Name 1232 W St Rd 2 When was the debt incurred? 10/1/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent 46350 La Porte Indiana Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: NIPSCO **✓** No

| Yes

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Debtor 1 Ashley Graham Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Pangea Ventures LLC \$2,058.00 Last 4 digits of account number Nonpriority Creditor's Name 7409 S Yates Blvd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60649 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts ✓ Other. Specify Broken Lease Fees Is the claim subject to offset? **✓** No Yes 4.20 Progressive Leasing \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name 10619 South Jordan Gateway # 100 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Utah 84095 South Jordan City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify _ Furniture Loan Is the claim subject to offset? **V** No Yes 4.21 **Sprint** \$500.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 219554 When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Missouri 64121 Kansas City City Zip Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts ✓ Other. Specify Cell Phone Bill Is the claim subject to offset? **✓** No

Yes

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Graham Debtor 1 Ashley Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 St. James Hospital \$3,703.09 Last 4 digits of account number _ Nonpriority Creditor's Name 1423 Chicago Rd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated <u>60</u>411 Chicago Heights Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Case #2009-M1-199408 Is the claim subject to offset? **✓** No Yes 4.23 TCF - Corporate \$187.00 Last 4 digits of account number Nonpriority Creditor's Name 1405 Xenium Ln N Ste 180 When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Minneapolis Minnesota 55441 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify_ Bank NSF Fees Is the claim subject to offset? **✓** No

Yes

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| tor 1 Ashley | | | Graham | Case | number (if known) | | | | |
|-------------------------------------|--|--|--|--|---|--|--|--|--|
| First Name | | Middle Name | Last Name | | | | | | |
| 3: List Others | to Be Notified | About a Debt | That You Already | Listed | | | | | |
| | | | • | | | | | | |
| collection agency agency here. Simi | is trying to collec larly, if you have m | t from you for a de ore than one cred | ebt you owe to some litor for any of the de | one else, list the o | ou already listed in Parts 1 or 2. For example, if a riginal creditor in Parts 1 or 2, then list the collection I in Parts 1 or 2, list the additional creditors here. In ut or submit this page. | | | | |
| | Harris & Harris LTD Name 111 West Jackson Boulevard Suite 400 Number Street | | | try in Port 1 or Por | t 2 did you list the original graditor? | | | | |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| 111 West Jackson | | | | Line 4.5 of (Check | Part 1: Creditors with Priority Unsecured Claim | | | | |
| | | | | one): | Part 2: Creditors with Nonpriority Unsecure | | | | |
| | | | | | Claims | | | | |
| Chicago | Illinois | 60604 | Last 4 digits | of account number | er | | | | |
| City | State | Zip Code | | | | | | | |
| Law Offices of Ror | aw Offices of Ronald J. Hennings, P.C. | | | | | | | | |
| Name | | | On which ent | try in Part 1 or Par | t 2 did you list the original creditor? | | | | |
| P.O. Box 4106 | | | Line 4.22 | of (Check | Part 1: Creditors with Priority Unsecured Claim | | | | |
| Number Street | t | | | one): | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Saint Charles | Illinois | 60174 | Last 4 digits | of account number | er | | | | |
| City | State | Zip Code | | | | | | | |

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Graham Debtor 1 Ashley Case number (if known) Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$38,379.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. debts \$27,159.09 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$65,538.09 6j. Total. Add lines 6f through 6i. 6j.

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| Fill in this in | formation to identify your cas | e: | | | |
|-----------------|----------------------------------|-------------------------------|---------------------------|---|----------------|
| Debtor 1 | Ashley | | Graham | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if f | filing) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case numb | er | | | | |
| | al Form 106G Iule G: Execut | | s and Unex | pired Leases | amended filing |
| space is ne | | | | oth are equally responsible for supp to this page. On the top of any add | |
| 1. Do you | u have any executory | contracts or unexpi | red leases? | | |
| ✓ No. | Check this box and file this fo | rm with the court with your o | other schedules. You hav | re nothing else to report on this form. | |
| Yes. | Fill in all of the information b | elow even if the contracts o | r leases are listed on Sc | hedule A/B: Property (Official Form 10 | 6A/B). |
| | | | | e. Then state what each contract or more examples of executory contracts | |

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill | in this inforn | nation to identify your cas | se: | | |
|------|---|---|---|---|---|
| | btor 1 | Ashley | | Graham | |
| | | First Name | Middle Name | Last Name | _ |
| _ | btor 2 | | | | _ |
| (Sp | ouse, it tiling | First Name | Middle Name | Last Name | |
| Un | ited States B | Sankruptcy Court for the: | Northern | District of Illinois | _ |
| Ca | se number | | | (State) | |
| | (nown) | - | | | _ |
| | | | | | Check if this is an |
| _ | | | | | amended filing |
| O | fficial I | Form 106H | | | |
| Sc | hadul | e H: Your C | ndahtors | | 12/15 |
| | | | | | olete and accurate as possible. If two married people are filing |
| | No Yes Within the Idaho, Loui No. G Yes. I | ve any codebtors? (If y last 8 years, have you siana, Nevada, New Mex so to line 3. Did your spouse, former s | lived in a community propico, Puerto Rico, Texas, War | shington, and Wisconsin.) ve with you at the time? | amunity property states and territories include Arizona, California, |
| | | Yes. In which community | state or territory did you live? | 'Fill in th | ne name and current address of that person. |
| | | Name of your spouse, f | ormer spouse, or legal equiv | valent | - |
| | | Number Street | | | - |
| | | City | State | Zip Code | - |
| 3. | again as a | codebtor only if that p | erson is a guarantor or co | osigner. Make sure you have | ir spouse is filing with you. List the person shown in line 2 listed the creditor on <i>Schedule D</i> (Official Form 106D), a D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

Column 1: Your codebtor

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| Fill in this | s information to identif | y your case: | | | | | |
|-------------------------|---|--|--------------------|-------------------|-----------------------|----------------------------------|--------------------------------|
| Debtor 1 | Ashley | | Graha | | | | |
| . | First Name | Middle Name | Last N | lame | | Check if this is: | |
| Debtor 2 (Spouse, if | filing) First Name | Middle Name | Last N | lame | | An amended filin | ıα |
| | | | | | | = | owing post-petition chapter 13 |
| United State | es Bankruptcy Court for the: | Northern | District of III (S | inois State) | | | he following date: |
| Case numb | per | | | <i>-</i> | | | |
| (If known) | | | | | | MM / DD / YYY | (|
| Officia | al Form 1061 | | | | | | |
| Sched | lule I: Your Ind | come | | | | | 12/15 |
| additiona | | r spouse. If more spa ame and case number | | | | | on the top of any |
| 1. | Fill in your employment | | Debtor 1 | | | Debtor 2 | |
| | information. | Employment status | ✓ Employ | wod | | Employed | |
| | If you have more than one job, | | Not En | | | Not Employed | |
| | attach a separate page with | Occupation | Self-emplo | | | | |
| | information about additional employers. | Occupation | <u>Seil-emplo</u> | yment | | | |
| | | Employer's name | | | | | |
| | Include part time, seasonal, or | Employer's address | Number Stre | eet | | Number Street | |
| | self-employed work. | | rumber out | | | Number Officer | |
| | Occupation may include | | | | | | |
| | student or homemaker, if it applies. | | | | | | |
| | , II | | City | St | tate Zip Code | City | State Zip Code |
| | | How long employed there? | | | | | |
| Part 2: | Give Details About | Monthly Income | | | | | |
| Estimate you are se | | date you file this form. If yo | ou have nothing | g to report for a | any line, write \$0 i | n the space. Include yo | our non-filing spouse unless |
| | our non-filing spouse have mo | ore than one employer, combi | ne the informati | ion for all emp | loyers for that pers | son on the lines below. | If you need more space, |
| | | | | Fo | r Debtor 1 | For Debtor 2 or non-filing spous | e |
| | | ry, and commissions (befor alculate what the monthly wag | | 2. | \$0.00 | | _ |
| | mate and list monthly over | · - | | 3. | + \$0.00 | | |

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

\$0.00

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| Debtor 1 Ashley | Graham | Case number (i | f known) | |
|--|-------------------------|----------------|-----------------------------------|-------------------------|
| First Name Middle Name | Last Name | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | → 4 | \$0.00 | | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a | \$0.00 | | |
| 5b. Mandatory contributions for retirement plans | 5b | \$0.00 | | |
| 5c. Voluntary contributions for retirement plans | 5c | \$0.00 | | |
| 5d. Required repayments of retirement fund loans | 5d | \$0.00 | | |
| 5e. Insurance | 5e | \$0.00 | | |
| 5f. Domestic support obligations | 5f | \$0.00 | | |
| 5g. Union dues | 5g | \$0.00 | | |
| 5h. Other deductions. Specify: | 5h. + _ | \$0.00 + | | |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + +5h$. | +5f + 5g 6 | \$0.00 | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line | ne 4. 7 | \$0.00 | | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing greceipts, ordinary and necessary business expenses, and the monthly net income. | | \$1,800.00 | | |
| 8b. Interest and dividends | 8b | \$0.00 | | |
| 8c. Family support payments that you, a non-filing spouse, dependent regularly receive | | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | \$0.00 | | |
| 8d. Unemployment compensation | 8d | \$0.00 | | |
| 8e. Social Security | 8e | \$0.00 | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-ca assistance that you receive, such as food stamps (benefits und the Supplemental Nutrition Assistance Program) or housing subsidies | | | | |
| Specify: Food Assistance Programs Income | 8f | \$198.00 | | |
| 8g. Pension or retirement income | 8g | \$0.00 | | |
| 8h. Other monthly income. Specify: | 8h. + _ | \$0.00 + | | |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g |) + 8h. 9. | \$1,998.00 | | |
| 10.Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s | spouse 10. | \$1,998.00 + | | = \$1,998.00 |
| 11. State all other regular contributions to the expenses that you include contributions from an unmarried partner, members of your relatives. Do not include any amounts already included in lines 2-10 or amounts. | r household, your deper | | | |
| Specify: | | , , , , | | 11. + \$0.00 |
| · • | | | | |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical St | | | | 12. \$1,998.00 |
| | | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after No. | you file this form? | | | monthly moonie |
| Yes. Explain: | | | | |
| | | | | |

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| Fill in this inforn | nation to identify y | our case: | | | | |
|--|---|---|-----------------------------------|-------------------------------------|-----------------------|-----------|
| Debtor 1 | Ashlov | | Graham | | | |
| Debior i | Ashley First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | Check if this is: | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | An amended filing | | |
| United States E | Bankruptcy Court fo | or the: Northern | District of Illinois (State) | A supplement sho expenses as of the | wing post-petition ch | napter 13 |
| Case number | | | (State) | expenses as or the | Floliowing date. | |
| (If known) | | | | MM / DD / YYYY | | |
| Official | Form 106 | 3.1 | | | | |
| | | | | | | |
| Schedu | le J: Youi | r Expenses | | | | 12/15 |
| | | possible. If two married people are | | | | |
| | more space is ne wer every questic | eded, attach another sheet to this ton. | form. On the top of any addition | al pages, write your nar | ne and case numb | er |
| <u>` </u> | cribe Your Ho | | | | | |
| 1. Is this a join | | usenoiu | | | | |
| | | | | | | |
| | to line 2 | | | | | |
| Yes. Do | oes Debtor 2 live | in a separate household? | | | | |
| | No | | | | | |
| | Yes. Debtor 2 n | nust file Official Forms 106J-2, Expens | ses for Separate Household of Deb | otor 2. | | |
| 2. Do you hav dependents? | e | ✓ No | | | | |
| Do not list D | ebtor 1 and | Yes. Fill out this information for | Dependent's relationship to | Dependent's | Does dependent | live |
| Debtor 2. | | each dependent | Debtor 1 or Debtor 2 | age | with you? | |
| | enses include f people other | ✓ No | | | | |
| than | d vour | Yes | | | | |
| yourself and dependents | | _ | | | | |
| | | | | | | |
| Part 2: Estin | mate Your Ong | going Monthly Expenses | | | | |
| | of a date after the | your bankruptcy filing date unless y bankruptcy is filed. If this is a sup | | | | |
| | • | non-cash government assistance | • | | v | |
| such assistan | ce and have incl | uded it on Schedule I: Your Income | (Official Form B 106I.) | | Your ex | xpenses |
| | or home owners! r the ground or lot. | nip expenses for your residence. Inc. 4. | clude first mortgage payments and | | 4. | \$200.00 |
| If not incl | uded in line 4: | | | | | |
| 4a. Real es | state taxes | | | | 4a | \$0.00 |
| 4b. Proper | ty, homeowner's, c | or renter's insurance | | | 4b | \$0.00 |
| 4c. Home r | maintenance, repai | r, and upkeep expenses | | | 4c. | \$0.00 |
| 4d. Homeo | owner's association | or condominium dues | | | 4d. | \$0.00 |

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Debtor 1

Graham Ashley Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$0.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$91.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$225.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$55.00 10. Personal care products and services \$50.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$326.00 15d. Other insurance. Specify: ___ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1 | Ashley | | | Graham | Case number (if known) | | |
|------------------|------------|----------------------------|--------------------------|--|------------------------|-----|------------|
| | First Name | 9 | Middle Name | Last Name | | | |
| 21.Other | . Specify: | Public Storage Unit | | | | 21 | \$151.00 |
| 22. Calcu | ılate you | r monthly expenses. | | | | | \$1,298.00 |
| 22a. A | Add lines | 4 through 21. | | | | | \$0.00 |
| 22b. C | Copy line | 22 (monthly expenses fo | r Debtor 2), if any, fro | om Official Form 106J-2 | | | \$1,298.00 |
| 22c. A | dd line 22 | 2a and 22b. The result is | your monthly expens | ses. | | 22. | |
| 23.Calcu | late you | monthly net income. | | | | | |
| 23a. C | Copy line | 12 (your combined month | hly income) from Sch | nedule I. | | 23a | \$1,998.00 |
| 23b. C | copy your | monthly expenses from I | ine 22 above. | | | 23b | \$1,298.00 |
| | • | our monthly expenses fro | | me. | | | \$700.00 |
| • | The resul | t is your monthly net inco | ome. | | | 23c | |
| 24. Do yo | ou expec | t an increase or decrea | ase in your expens | es within the year after you | file this form? | | |
| | | | | n within the year or do you exp nodification to the terms of yo | | | |
| ✓ N | No | | | | | | |
| | ⁄es | | | | | | |
| | | Explain here: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|-------------|-----------------------|--|--|--|--|
| Debtor 1 | Ashley | | Graham | | | | |
| İ | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) First Name | | Middle Name | Middle Name Last Name | | | | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| Case number (If known) | | | (State) | | | | |

Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below | | | | | | |
|---|---|---|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | |
| | ☑ No | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and | | | | | |
| x | · | × | | | | | |
| ^ | /s/ Ashley Graham Signature of Debtor 1 | Signature of Debtor 2 | | | | | |
| | Dota 44/4/2045 | Dete | | | | | |
| | Date 11/11/2016 MM/DD/YYYY | Date | | | | | |

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| ebtor 1 | Ashley | | | Graham | | | | |
|---|--|----------------|------------------------|--|--|-------------------|-------------------|--|
| | First Nam | е | Middle | Name Last Nar | me | | | |
| btor 2 | | | | | | | | |
| ouse, if fili | ^{ng)} First Nam | е | Middle | Name Last Nar | me | | | |
| ited States | Bankruptcy C | Court for the: | Northern | District of Illino | ois | | | |
| | , , | | | (Sta | ate) | • | | |
| se number (nown) | · | | | | | | | |
| (IIOWII) | | | | | | | | Check if this |
| fficial | Form | 107 | | | | | | amended fil |
| atem | ent of | Financ | ial Affair | s for Individu | als Filin | g for Ba | ankruptcy | У |
| s comple | ete and accur | ate as poss | ible. If two marrie | d people are filing togeth | ner, both are eq | ually responsil | ble for supplying | correct information. If |
| | led, attach a | separate she | eet to this form. C | On the top of any addition | al pages, write | your name and | d case number (if | f known). Answer every |
| stion. | | | | | | | | |
| d: Giv | e Details | About You | r Marital Statu | ıs and Where You Li | ved Before | | | |
| | | | | | | | | |
| What | is your curre | nt marital st | atus? | | | | | |
| | | | | | | | | |
| Пм | arried | | | | | | | |
| | arried ot married | | | | | | | |
| = | arried ot married | | | | | | | |
| ✓ No | ot married | ears, have yo | ou lived anywhere | other than where you live | e now? | | | |
| During | ot married | ears, have yo | ou lived anywhere | e other than where you live | e now? | | | |
| During | ot married g the last 3 ye | | | · | | | | |
| During | ot married g the last 3 ye | | | e other than where you live ears. Do not include where y | | | | |
| During No Ye | ot married g the last 3 ye o es. List all of th | | | ears. Do not include where y | you live now. | | | |
| During No | ot married g the last 3 ye | | | ears. Do not include where y Dates Debtor 1 lived | | | | Dates Debtor 2 live |
| During No Ye | ot married g the last 3 ye o es. List all of th | | | ears. Do not include where y | you live now. | | | Dates Debtor 2 live there |
| During No Ye | ot married g the last 3 ye o es. List all of th | | | ears. Do not include where y Dates Debtor 1 lived | you live now. Debtor 2: | is Debtor 1 | | |
| During No Ye | ot married g the last 3 year o es. List all of the | | | ears. Do not include where y Dates Debtor 1 lived | you live now. Debtor 2: | is Debtor 1 | | there |
| During No Ye De | ot married g the last 3 ye o es. List all of the ebtor 1: | | | ears. Do not include where y Dates Debtor 1 lived | Debtor 2: | | | there |
| During No Ye | ot married g the last 3 year o es. List all of the | | | Dates Debtor 1 lived there From 06/01/2013 | you live now. Debtor 2: | | | there Same as Debtor From |
| During No Ye De 28 No | ot married g the last 3 year oes. List all of the ebtor 1: g S. Hemlock umber Street | e places you | lived in the last 3 ye | ears. Do not include where y Dates Debtor 1 lived there | Debtor 2: | | | Same as Debtor |
| During No Ye De 28 No | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street | e places you | lived in the last 3 ye | Dates Debtor 1 lived there From 06/01/2013 | Debtor 2: Same a Number Stre | eet | 7: 0.1 | there Same as Debtor From |
| During No Ye De 28 No | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street | e places you | lived in the last 3 ye | Dates Debtor 1 lived there From 06/01/2013 | Debtor 2: Same a Number Street | eet State | Zip Code | there Same as Debtor From To |
| During No Ye De 28 No | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street | e places you | lived in the last 3 ye | Dates Debtor 1 lived there From 06/01/2013 | Debtor 2: Same a Number Street | eet | Zip Code | there Same as Debtor From |
| During No Ye De 28 No | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street | e places you | lived in the last 3 ye | Pates Debtor 1 lived there From 06/01/2013 To 06/01/2014 | Debtor 2: Same a Number Street | eet State | Zip Code | there Same as Debtor From To Same as Debtor |
| During No Ye 28 No ————————————————————————————————— | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street ark Forest ty | e places you | lived in the last 3 ye | Dates Debtor 1 lived there From 06/01/2013 | Debtor 2: Same a Number Street | State Is Debtor 1 | Zip Code | there Same as Debtor From To |
| During No Ye 28 No ————————————————————————————————— | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street erk Forest ty lo Indianwood | e places you | lived in the last 3 ye | Pates Debtor 1 lived there From 06/01/2013 To 06/01/2014 | Debtor 2: Same a Number Stre City Same a | State Is Debtor 1 | Zip Code | there Same as Debtor From To Same as Debtor |
| During No No Ve 28 No Ci 14 No No Ci Ci Ci Ci Ci Ci Ci Ci | ot married g the last 3 ye o es. List all of the ebtor 1: g S. Hemlock umber Street erk Forest ty lo Indianwood | e places you | lived in the last 3 ye | Pates Debtor 1 lived there From 06/01/2013 To 06/01/2014 From 06/01/2014 | Debtor 2: Same a Number Stre City Same a | State Is Debtor 1 | Zip Code | there Same as Debtor From To Same as Debtor |

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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| btor 1 Ashley First Name Middle | Gran Name Last N | | number (if known) | |
|---|---|--|--|---|
| t 2: Explain the Sources of Your | Income | | | |
| Did you have any income from employn Fill in the total amount of income you receive activities. If you are filing a joint case and you No Yes. Fill in the details. | nent or from operating a bed from all jobs and all busin | nesses, including part-time | - | years? |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$23300.00 | Wages, commissions, bonuses, tips Operating a business | |
| For last calendar year: (January 1 to December 31, 2015) YYYY | Wages, commissions, bonuses, tips Operating a business | \$24000.00 | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2014) YYYY | Wages, commissions, bonuses, tips Operating a business | \$15000.00 | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | |
| Include income regardless of whether that income; income fit payments; pensions; rental income; incase and you have income that you received List each source and the gross income from No Yes. Fill in the details. | nterest; dividends; money co together, list it only once und | ollected from lawsuits; royalties der Debtor 1. | ; and gambling and lottery wi | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions an exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Est. YTD LINK | \$1,980.00 | | |
| For last calendar year: (January 1 to December 31, 2015) YYYY | Est. LINK | \$2,376.00 | | |
| For the calendar year before that: (January 1 to December 31, 2014) YYYY | Est. LINK | \$2,376.00 | | |
| | | | | |

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| | Ashley First Name | | Middle Name | Graham Last Name | Case numb | er (if known) | |
|-------|-----------------------|-----------------|-----------------------------------|-------------------------------|--|-------------------------------|-----------------------------|
| : L | ist Certain | Pavments | You Made Be | efore You Filed for | Bankruptcv | | |
| | | | | | | | |
| re ei | ther Debtor 1' | s or Debtor 2 | 's debts primar | ily consumer debts? | | | |
| N | | | ebtor 2 has primamily, or househo | | Consumer debts are defined i | n 11 U.S.C. § 101(8) as "incu | ırred by an individual |
| | During the 9 | 00 days before | you filed for bank | kruptcy, did you pay any cre | editor a total of \$6,425* or mo | re? | |
| | No. Go | to line 7. | | | | | |
| | to | otal amount yo | ou paid that credit | or. Do not include paymen | * or more in one or more payr ts for domestic support obliga o an attorney for this bankrupt | ations, such as | |
| | * Subject to | adjustment or | n 4/01/19 and eve | ry 3 years after that for cas | es filed on or after the date o | f adjustment. | |
| Y | es. Debtor 1 o | r Debtor 2 or | both have prim | narily consumer debts. | | | |
| _ | During the 9 | 00 days before | you filed for bank | kruptcy, did you pay any cre | editor a total of \$600 or more? | > | |
| | _ | to line 7. | | | | | |
| | tl | nat creditor. D | o not include pay | | more and the total amount y rt obligations, such as child s is bankruptcy case. | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| C | reditor's Name |) | | | | | Mortgage |
| Ī | lumber Street | | | | | | Car Credit card |
| - | | | | | | | Loan repaymen |
| C | City | State | Zip Code | | | | Suppliers or vendors Other |
| C | reditor's Name |) | | | | | Mortgage Car |
| N | lumber Street | | | | | | Credit card |
| _ | | | | | | | Loan repaymen |
| 7 | City | State | Zip Code | | | | Suppliers or vendors |
| | nty. | Sidio | Zip Oode | | | | Other |
| | reditor's Name | <u> </u> | | | | | Mortgage |
| _ | | - | | | | | Car |
| Ν | lumber Street | | | | | | Credit card |
| _ | | | | | | | Loan repayment Suppliers or |
| C | City | State | Zip Code | | | | vendors |
| | | | | | | | Othor |

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| ebtor 1 | Ashley | | G | raham | Case number | (if known) |
|-----------------------|---------------------------|---|-------------------------------------|---|--|---|
| | First Name | Middle Name | La | st Name | | |
| Insic corp ager | orations of which you are | es; any general partners; re an officer, director, per usiness you operate as a | relatives of any rson in control, o | general partners; par r owner of 20% or mo | tnerships of which yore of their voting se | who was an insider? you are a general partner; curities; and any managing pmestic support obligations, |
| | No | | | | | |
| Ц | Yes. List all payments to | o an insider. | Dates of | Total amount | Amount you | Reason for this payment |
| | | | payment | paid | still owe | |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| _ | City State | Zip Code | | | | |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| | 0:: | 7: 0 1 | | | | |
| - | City State | Zip Code | | | | |
| insid Inclu | | uaranteed or cosigned b | | Total amount | Amount you | n account of a debt that benefited an Reason for this payment |
| | | | payment | paid | still owe | Include creditor's name |
| | Insider's Name | | _ | | | |
| | Number Street | | | | | |
| | | | | | | |
| _ | City State | Zip Code | | | | |
| | Insider's Name | | | <u> </u> | | |
| | Number Street | | | | | |
| | City State | Zip Code | | | | |
| | J, State | 2.p 0000 | | | | |

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| Deb | otor 1 | Ashley | | | Graham | | Case number (if | known) | |
|------|--------|---|---|---------------|-------------------|---------------------------------|-----------------|----------|-------------------------------------|
| | | First Name | Middle Name | | Last Name | | | | |
| Part | t 4: | Identify Legal A | ctions, Repossess | ions, and | Foreclosure | es | | | |
| | List a | | u filed for bankruptcy, w ding personal injury cases | | | | | | ng? r custody modifications, and |
| | | No Yes. Fill in the details | | | | | | | |
| | | | | Nature of the | ne case | Court or | agency | | Status of the case |
| | | Case title | | | | | | | Pending |
| | | | | | | Court Nan | ne | | On appeal |
| | | Case number | | | | NumberSt | reet | | Concluded |
| | | - | _ | | | | | | |
| | | | | | | City | State | Zip Code | |
| | | Case title | | | | | | | Pending |
| | | | | | | Court Nan | ne | | On appeal |
| | | Case number | | | | NumberSt | root | | Concluded |
| | | | | | | Numberou | icci | | _ |
| | | | | | | City | State | Zip Code | |
| | | | | | | | | · · | |
| | | No. Go to line 11. Yes. Fill in the inform | nation below. | De | scribe the prop | perty | | Date | Value of the property |
| | | | | | | | | | |
| | | Creditor's Name | | Ex | plain what hap | pened | | | |
| | | Number Street | | _ | | | | | |
| | | | | | Property was re | epossessed. | | | |
| | | | | | Property was fo | | | | |
| | | | | | Property was g | | | | |
| | | City | State Zip Code | | | ttached, seized, | or levied. | | V 1 60 |
| | | | | De | scribe the prop | perty | | Date | Value of the property |
| | | Creditor's Name | | | | | | | |
| | | Creditor's Name | | Ex | plain what happ | pened | | | |
| | | Number Street | | | | | | | |
| | | | | | Property was re | | | | |
| | | | | Ļ | Property was fo | | | | |
| | | City | State Zip Code | — - | Property was g | garnisned. ittached, seized, | or levied | | |
| | | J.1.5 | 2.5 2.p 00dc | | I . Topolty was a | | J. 10110U. | | |

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| Debto | r 1 | Ashley First Name Middle Name | | Graham Last Name | Case number (if known) | | |
|--------|----------|---|-------------|----------------------------|--------------------------------|--------------------------|---------------------|
| | | riist Name - Middle Name | | Last Name | | | |
| | | hin 90 days before you filed for bankrup ounts or refuse to make a payment becau | | | eank or financial institution, | set off any amou | nts from your |
|] | <u>~</u> | No Yes. Fill in the details. | | | | | |
| ٠ | | | | Describe the action th | e creditor took | Date action was taken | Amount |
| | | | | | | | |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account r | number: XXXX- | | |
| | | City State Zip Co | de | | | | |
| | | hin 1 year before you filed for bankruptc ointed receiver, a custodian, or another | | of your property in the | possession of an assignee f | or the benefit of | creditors, a court- |
| Ī | 7 | No | | | | | |
| Ī | | Yes | | | | | |
| Part 5 | 3: | List Certain Gifts and Contribut | ons | | | | |
| 13. | Wi | ithin 2 years before you filed for bankrup | ev did ve | u give any gifts with a t | otal value of more than \$600 | ner nerson? | |
| 10. | _ | • | icy, ala ye | a give any gins with a t | otal value of more than \$000 | per person: | |
| | | No Yes. Fill in the details for each gift. | | | | | |
| | | Gifts with a total value of more than \$6 per person | 00 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave the Gift | | | | | |
| | | Number Street | | | | | |
| | | City State Zip Co | de | | | | |
| | | Person's relationship to you | | | | | |
| | | | | | | | |
| | | Person to Whom You Gave the Gift | | | | | |
| | | Number Street | | | | | |
| | | City State Zip Co | de | | | | |
| | | Person's relationship to you | | | | | |

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| Debt | or 1 | Ashley | | Graham | Case number (if known) | | |
|------|----------|--|----------------------------|--|--------------------------------|-----------------------------------|------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 14. | Witl | nin 2 years before you fi | led for bankruptcy, did | you give any gifts or contribu | ıtions with a total value of ı | more than \$600 t | o any charity? |
| | V | No | | | | | |
| | Ī | Yes. Fill in the details for e | each gift or contribution. | | | | |
| | | Gifts or contributions | - | Describe what you contri | ibuted | Date you | Value |
| | | that total more than \$6 | 00 | , | | contributed | |
| | | | | | | | |
| | | Charity's Name | | - | | | |
| | | | | _ | | | |
| | | | | | | | |
| | | Number Street | | | | | |
| | | 0:: | | - | | | |
| | | City State | Zip Code | | | | |
| Part | 6: | List Certain Losses | | | | | |
| | gam | i in 1 year before you file bling? No Yes. Fill in the details. | d for bankruptcy or sir | nce you filed for bankruptcy, d | id you lose anything becau | se of theft, fire, | other disaster, or |
| | | Describe the property y how the loss occurred | ou lost and | Describe any insurance of Include the amount that insupending insurance claims of A/B: Property. | urance has paid. List | Date of your loss | Value of property lost |
| | | | | | | | |
| | | de any attorneys, bankrup No Yes. Fill in the details. | tcy petition preparers, or | credit counseling agencies for so | ervices required in your bankr | uptcy. | |
| | | | | Description and value of transferred | any property | Date payment or transfer was made | Amount of payment |
| | | LAW FIRM | | Attorney's Fee - 500.00 | | 11/11/2016 | \$500.00 |
| | | Person Who Was Paid | | . | | | |
| | | 11101 S. Western Avenue | | | | | |
| | | Number Street | | | | | |
| | | | | | | | |
| | | Chicago Illinoi | | | | | |
| | | City State | Zip Code | | | | |
| | | Email or website address | · | • | | | |
| | | Person Who Made the Pa | ayment, if Not You | | | | |
| | | Person Who Was Paid | | • | | | |
| | | Number Street | | | | | |
| | | City State | | | | | |
| | | | Zip Code | | | | |
| | | Email or website address | · | | | | |

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| Deb | tor 1 | Ashley | | Graham | Case number (if known |) | |
|-----|----------|---|------------------------|---|-----------------------------|--|--------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 17. | help | hin 1 year before you filed by you deal with your credite not include any payment or tra No Yes. Fill in the details. | ors or to make payment | s to your creditors? | your behalf pay or transfer | any property to anyo | one who promised to |
| | ш | res. I ili ili tre details. | | | | | |
| | | | | Description and value o transferred | f any property | | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | City State | Zip Code | | | | |
| | | ude both outright transfers an sfers that you have already lis No Yes. Fill in the details. | | | | | |
| | | | | Description and value o property transferred | | ny property or eceived or debts paid e | Date d transfer was made |
| | | Person Who Received Trans | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person Who Received Tran | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| 19. | | hin 10 years before you file ese are often called asset-pro | | ou transfer any property to | a self-settled trust or sim | ilar device of which y | ou are a beneficiary? |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | Ц | ies. Fiii iii uie detalis. | | Description and value | of the property transferre | d | Date transfer was made |
| | | Name of trust | | | | | |

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Graham Debtor 1 Ashley Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument before account was closing or closed, sold, moved, or transfer transferred TCF - Corporate XXXX-7089 Checking 04/01/2016 \$ -187.00 Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code City State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Number Street Number Street State Zip Code City Citv State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? Public Storage - Chicago Heights Furniture, TV and clothes No Name of Storage Facility Name 20909 Western Avenue ✓ Yes Number Number Street Street City State Zip Code 60411 Chicago Illinois Heights Zip Code City State

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| | | Graham Case number (if know | · |
|------------|--|--|---|
| | First Name Middle Name | Last Name | |
| t 9: | Identify Property You Hold or Co | ntrol for Someone Else | |
| Do | you hold or control any property that co | eone else owns? Include any property you borrowed from | are storing for or hold in trust for |
| | neone. | leone else owns: include any property you borrowed from | , are storing for, or note in trust for |
| | l Ni- | | |
| ¥ | No Yes. Fill in the details. | | |
| ш | res. Fill III the details. | Where is the property? Describe to | he contents Value |
| | | where is the property? | he contents Value |
| | Owner's Name | Number Street | |
| | | _ | |
| | Number Street | | |
| | | - | |
| | | City State Zip Code | |
| | City State Zip Code | | |
| ÷ 10. | Give Details About Environmen | al Information | |
| t 10: | Give Details About Environmen | ai illioillatioli | |
| r the p | purpose of Part 10, the following definitions a | oly: | |
| = £ | Environmental law means any federal, state, o | local statute or regulation concerning pollution, contamination, re | eleases of |
| | | erial into the air, land, soil, surface water, groundwater, or other m | nedium, |
| İ | ncluding statutes or regulations controlling th | cleanup of these substances, wastes, or material. | |
| | | defined under any environmental law, whether you now own, opera | ate, or utilize it |
| C | or used to own, operate, or utilize it, including | disposal sites. | |
| = / | Hazardous material means anything an enviro | mental law defines as a hazardous waste, hazardous substance, | |
| t | oxic substance, hazardous material, pollutan | contaminant, or similar term. | |
| | | | |
| pon a | all notices, releases, and proceedings that you | know about, regardless of when they occurred. | |
| port a | all notices, releases, and proceedings that you | know about, regardless of when they occurred. | |
| | | know about, regardless of when they occurred. You may be liable or potentially liable under or in violation of | of an environmental law? |
| | s any governmental unit notified you that | | of an environmental law? |
| | s any governmental unit notified you that | | of an environmental law? |
| | s any governmental unit notified you that | you may be liable or potentially liable under or in violation o | |
| | s any governmental unit notified you that | you may be liable or potentially liable under or in violation o | of an environmental law? ental law, if you know it Date of notice |
| | s any governmental unit notified you that No Yes. Fill in the details. | Governmental unit | ental law, if you know it Date of |
| | s any governmental unit notified you that | you may be liable or potentially liable under or in violation o | ental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. | Governmental unit | ental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. Name of site | Governmental unit Governmental unit Governmental unit | ental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. Name of site | Governmental unit Governmental unit Governmental unit | ental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. Name of site Number Street | Governmental unit Governmental unit Governmental unit Number Street | ental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. Name of site | Governmental unit Governmental unit Governmental unit Number Street | ental law, if you know it Date of |
| Has | s any governmental unit notified you that No Yes. Fill in the details. Name of site Number Street | Governmental unit Governmental unit Governmental unit Number Street City State Zip Code | ental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of | Governmental unit Governmental unit Governmental unit Number Street City State Zip Code | ental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of | Governmental unit Governmental unit Governmental unit Number Street City State Zip Code | ental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of | Governmental unit Governmental unit Number Street City State Zip Code ny release of hazardous material? | ental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of | Governmental unit Governmental unit Number Street City State Zip Code ny release of hazardous material? | ental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of | Governmental unit Governmental unit Number Street City State Zip Code ny release of hazardous material? | ental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of | Governmental unit Governmental unit Number Street City State Zip Code ny release of hazardous material? | ental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of No Yes. Fill in the details. | Governmental unit Governmental unit City State Zip Code Ty release of hazardous material? Governmental unit Governmental unit Environmental City State Zip Code Environmental City State Zip Code | ental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of No Yes. Fill in the details. | Governmental unit Governmental unit Governmental unit Number Street City State Zip Code The provious material? Governmental unit Environmental unit | ental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of No Yes. Fill in the details. | Governmental unit Governmental unit Governmental unit Number Street City State Zip Code The provious material? Governmental unit Governmental unit Governmental unit Finding of the provious forms and the provious forms are also as a finite of the provious forms are also as a | ental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of No Yes. Fill in the details. | Governmental unit Governmental unit City State Zip Code Ty release of hazardous material? Governmental unit Governmental unit Environmental City State Zip Code Environmental City State Zip Code | ental law, if you know it Date of notice ental law, if you know it Date of |

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| Deb | tor 1 | Ashley | | | Graham | Case | e number (if known) | |
|------|----------|-----------------------|----------------|------------------------|------------------------------|-----------------------|---|---------------|
| | | First Name | | Middle Name | Last Name | | | |
| 20 | Uav | baan a namb | مالحدا برمم ما | ial au adminiatus | ativo muonno dimo vundou | | al law 2 la alvida actilomento and andone | - |
| 26. | Hav | e you been a party | in any judic | iai or administra | ative proceeding under | any environment | al law? Include settlements and order | S. |
| | V | No | | | | | | |
| | П | Yes. Fill in the deta | ils. | | | | | |
| | _ | | | | Court or agency | | Nature of the case | Status of the |
| | | | | | Court or agency | | Nature of the case | case |
| | | Coop title | | | | | | Case |
| | | Case title | | | | | | Pending |
| | | | | | Court Name | | | |
| | | | | <u> </u> | | | | On appeal |
| | | Case number | | | Number Street | | | Concluded |
| | | | | | | | | Concluded |
| | | | | | City State | Zip Code | | |
| | | 1 | | | | | | |
| Part | 111: | Give Details A | bout Your | Business or | Connections to Ar | ny Business | | |
| | | | | | | | | _ |
| 27. | Witl | nin 4 years before | you filed for | bankruptcy, did | you own a business or | have any of the f | ollowing connections to any business | s? |
| | | A sole propriet | or or self-emp | loved in a trade i | profession, or other activit | h, either full-time o | r part-time | |
| | | | | | | | r part-time | |
| | | | | y company (LLC) | or limited liability partner | ship (LLP) | | |
| | | A partner in a | partnership | | | | | |
| | | An officer, dire | ctor, or manag | ging executive of | a corporation | | | |
| | | An owner of at | least 5% of th | ne voting or equity | securities of a corporation | on | | |
| | _ | _ | | | • | | | |
| | ✓ | No. None of the abo | | | | | | |
| | | Yes. Check all that a | apply above a | nd fill in the details | s below for each business | i. | | |
| | | | | | Describe the natu | re of the busines | ss Employer Identification r | number Do not |
| | | | | | | | include Social Security n | |
| | | | | | | | EINI- | |
| | | Business Name | | | _ | | EIN: | |
| | | | | | | | | |
| | | Number Street | | | _ | | Dates business existed | |
| | | ramber offect | | | Name of account | ant or bookkeepe | er | |
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| | | City | State | Zip Code | | | | |
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| | | Business Name | | | _ | | EIN: | |
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| | | City | State | Zip Code | | | From To | |
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| | | | | | December 41 | £ 41 - 1 | | |
| | | | | | Describe the natu | ire of the busines | | |
| | | | | | | | include Social Security n | umper of HIN. |
| | | | | | _ | | EIN: | |
| | | Business Name | | | | | | |
| | | | | | _ | | Detection and the | |
| | | Number Street | | | Nome of account | out on boot live | Dates business existed | |
| | | | | | Name of account | ant or bookkeepe | er | |
| | | City | State | Zip Code | | | From To | |
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| Debto | or 1 | Ashley | | | Graham | Case number (if known) |
|--------|-------|--------------------------|--------------|------------------------|--|--|
| | | First Name | | Middle Name | Last Name | |
| | cred | litors, or other parti | es. | bankruptcy, did you | give a financial stateme | nt to anyone about your business? Include all financial institutions, |
| | Ш | Yes. Fill in the details | below. | | | |
| | | | | | Date issued | |
| | | Nome | | | MM/DD/YYYY | |
| | | Name | | | וווווווווווווווווווווווווווווווווווווו | |
| | | Number Street | | | | |
| | | | | | | |
| | | City | State | Zip Code | | |
| Part ' | 40 | Sign Below | | | | |
| | | ruptcy case can resi | | ıp to \$250,000, or in | | ty, or obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | | e of Debtor | | | Signature of Debtor 2 |
| | | · · | | | | Date |
| | | Date 11 | /11/2016 | | | |
| D | oid y | ou attach additiona | I pages to Y | our Statement of F | inancial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| Γ. | _ | lo | | | | |
| | Ξ. | | | | | |
| L | _ Y | es es | | | | |
| D | id y | ou pay or agree to p | oay someon | e who is not an atto | orney to help you fill out b | pankruptcy forms? |
| Ī, | 7 N | lo | | | | |
| Ī | ╡, | es. Name of person | | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | _ | · | | | | Declaration, and Signature (Official Form 119). |

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B 203 (12/94)

In

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| ro | Achley Crohom | Case No. | |
|---------|--|--|--|
| re _ | Ashley Graham Debtor | Case No. | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPENSATION | ON OF ATTORNEY FO | OR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), that compensation paid to me within one year before the fili services rendered or to be rendered on behalf of the debtor is as follows: | I certify that I am the attorney for thing of the petition in bankruptcy, or a | ne abovenamed debtor(s) and agreed to be paid to me, for |
| | For legal services, I have agreed to accept | | \$4,000.0 |
| | Prior to the filing of this statement I have received | | \$500.00 |
| | Balance Due | | \$3,500.0 |
| 2 | The source of the compensation paid to me was: | | <u></u> |
| | Debtor Other (spec | ify) | |
| 3. | The source of the compensation paid to me is: | | |
| | Debtor Other (spec | eify) | |
| 4. | I have not agreed to share the above-disclosed comper members and associates of my law firm. | sation with any other person unless | s they are |
| | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the at the people sharing in the compensation, is attached. | | |
| 5. | In return for the above-disclosed fee, I have agreed to rend a. Analysis of the debtor's financial situation, and rende bankruptcy; | - | |
| | b. Preparation and filing of any petition, schedules, sta | tements of affairs and plan which m | ay be required; |
| | c. Representation of the debtor at the meeting of credit | ors and confirmation hearing, and a | ny adjourned hearings thereof; |
| | d. Representation of the debtor in adversary proceedin | gs and other contested bankruptcy | matters; |
| 6. | By agreement with the debtor(s), the above-disclosed fee de | pes not include the following service | es: |
| | | | |
| | CERTIF | CATION | |
| | I certify that the foregoing is a complete statement of any agne debtor(s) in this bankruptcy proceedings. | reement or arrangement for payme | nt to me for representation |
| | 11/11/2016 | /s/ Amy Gerstein | |
| | Date | Signature of Attorney | |
| | | Semrad Law Firm | |
| | | Name of law firm | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| + | \$75 | administrative fee |
|---|-------|--------------------|
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Graham, Ashley | Case No | | |
|-------------|---------------------------------------|---|--|------|
| _ | Debtor(s) | | | _ |
| | | Chapter. | Chapter13 | - |
| | VERIFIC | CATION OF CREDITOR MATE | RIX | |
| | The above named Debtors hereby verify | that the attached list of creditors is true a | and correct to the best of their knowled | lge. |
| 5 -4 | 44/44/0040 | (c) Orah ora Ashka | | |
| Date: | 11/11/2016 | /s/ Graham, Ashley | 1 | _ |
| | | Graham, Ashley | | |
| | | Signature of Debto | r | |

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth , TX 76161

CHASE CARD PO BOX 15298 WILMINGTON, DE 19850

MAB&T-SCUSA CREDIT BUREAU REPO POB 961245 FORT WORTH , TX 76181

CCI 501 Greene Street # 302 Augusta , GA 30901

DIVERSIFIED Po Box 1391 Southgate, MI 48195

ESCALLATE 5200 STONEHAM ROAD SUITE 200 NORTH CANTON , OH 44720

one advantage LLC 7650 Magna Dr Belleville , IL 62223

Title Max 3101 W Grand Ave Waukegan , IL 60085

IDES Springfield PO Box 19286 Benefit Repayments Springfield, IL 62794

Illinois Tollway PO Box 5544 Chicago , IL 60680 City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

Harris & Harris LTD 111 West Jackson Boulevard Suite 400 Chicago , IL 60604

Sprint P O Box 629023 El Dorado Hills , CA 95762

AT&T PO Box 105262 Atlanta , GA 30348

Progressive Leasing 256 West Data Drive Draper , UT 84020

Pangea Ventures LLC 7409 S Yates Blvd Chicago , IL 60649

Komysew, Christopher 5150 Drexel Avenue Chicago , IL 60637

St. James Hospital 1423 Chicago Rd Chicago Heights , IL 60411

Law Offices of Ronald J. Hennings, P.C. P.O. Box 4106 Saint Charles , IL 60174

TCF - Corporate 1405 Xenium Ln N Ste 180 Minneapolis , MN 55441

Advocate Trinity Hospital Po Box 70173 Chicago , IL 60673

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76

- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$61.76 for expenses, leaving a balance due of \$3,871.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 11/11/2016

Signed:

/s/ Ashley Graham

Debtor(s)

/s/ Amy Gerstein

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

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| Debtor 1 Ashley First Name | | | e number (if known) | |
|---|---|---|--|---|
| | | st Name | | |
| Part 6: Answer These Qu | estions for Reporting Purposes | | | |
| ^{16.} What kind of debts do you have? | 16a. Are your debts primarily of "incurred by an individual p. No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primarily be money for a business or inv. No. Go to line 16c. ✓ Yes. Go to line 17. 16c. State the type of debts you | orimarily for a personal, fan Business debts? Business Vestment or through the op | nily, or household debts are debts the peration of the bus | purpose." at you incurred to obtain iness or investment. |
| 17. Are you filing under | No. I am not filing under Chapt | tor 7 Go to line 19 | WC-923000000000000000000000000000000000000 | vare verst 1900 om en og stem en og stem en skalende skalen en en en en og stem en en en en en en en en en en e |
| Chapter 7? Do you estimate that | Yes. I am filing under Chapter 7 | '. Do you estimate that after a | iny exempt property | is excluded and administrative |
| after any exempt property is excluded | expenses are paid that fur | nds will be available to distrib | ute to unsecured cre | editors? |
| and administrative | No. | | | |
| expenses are paid that funds will be available | Yes. | | | • |
| for distribution to | | | | |
| unsecured creditors? | | | NOCOCON COCO 25 Section (Included West Section Cococo or programme and p | WYSORIEMWONEERCHARION WIE ACT-WAT'S AN ARABONINA PART AND AN ARABONINA AN AND AN AND AN AND AND AN AND AND A |
| 18. How many creditors | ✓ 1-49 ☐ 50-99 | 1,000-5,000 5,001-10,000 | | 25,001-50,000 50,001-100,000 |
| do you estimate that you owe? | 100-199 | 10,001-25,000 | _ | 50,001-100,000 More than 100,000 |
| | 200-999 | | l | |
| ^{19.} How much do you | ✓ \$0-\$50,000 | \$1,000,001-\$10 r | Locati | \$500,000,001-\$1 billion |
| estimate your assets to be worth? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 | - Inches | \$1,000,000,001-\$10 billion |
| to be worth: | \$500,001-\$1 million | \$50,000,001-\$10 \$100,000,001-\$5 | | \$10,000,000,001-\$50 billion More than \$50 billion |
| ²⁰ · How much do you | □ \$0-\$50,000 | ☐ \$1,000,001-\$10 r | | \$500,000,001-\$1 billion |
| estimate your | \$50,001-\$100,000 | \$10,000,001-\$50 | ll | \$1,000,000,001-\$10 billion |
| liabilities to be? | \$100,001-\$500,000 | \$50,000,001-\$10 | | \$10,000,000,001-\$50 billion |
| Part 7: Sign Below | \$500,001-\$1 million | \$100,000,001-\$5 | 00 million | More than \$50 billion |
| | I have examined this petition, and | L doolare under penalty of | porium that the int | formation municipal in turn and |
| For you | correct. | indeciale under penalty of | perjury that the im | formation provided is true and |
| | If I have chosen to file under Char | oter 7, I am aware that I ma | y proceed, if eligib | le, under Chapter 7, 11,12, or 13 |
| | of title 11, United States Code. I under Chapter 7. | understand the relief availa | ble under each cha | apter, and I choose to proceed |
| | If no attorney represents me and I | did not pay or agree to pa | y someone who is | not an attorney to help me fill |
| | out this document, I have obtaine | d and read the notice requ | ired by 11 U.S.C. § | § 342(b). |
| | I request relief in accordance with I understand making a false stater | | | |
| | connection with a bankruptcy cas both. 18 U.S.C. §§ 152, 1341, 15 | e can result in fines up to: | \$250,000, or impri | sonment for up to 20 years, or |
| | * | X | | |
| | /s/ Ashley Graham Signature of Debtor 1 | <u> </u> | Signature of Debtor | 2 |
| | Executed on11/11/2016 | i | Executed on | •• |
| | MM / DD / | YYYY | | MM / DD / YYYY |

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| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|-------------|------------------------------|-------------|--|--|
| Debtor 1 | Ashley | | Graham | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States E | Sankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case number (If known) | : | | (Oldio) | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Inder penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and nat they are true and correct | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| Debtor 1 Ash | | | Graham | Case number (if known) |
|-----------------|-------------------------------|---------------------|-----------------------------|---|
| First | Name | Middle Name | Last Name | A PRINCESSAN AND SOME AND THE SECOND STATE AND THE |
| credito V No | rs, or other parties. | | ou give a financial state | nent to anyone about your business? Include all financial institutions |
| | s. Fill III the details below | • | | |
| | | | Date issued | |
| Na | ame | | MM/DD/YYYY | _ |
| Nu | ımber Street | | | |
| Ci | ty State | Zip Code | | |
| | ., 0.0.0 | Zip Godo | | |
| Part 12: Si | gn Below | | | |
| a bankru | /s/ Ashley Gra | ham A | , or imprisonment for up | to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Signature of Debt | or1 | | Signature of Debtor 2 |
| | Date 11/11/2016 | • | | Date |
| Did vou a | ttach additional pages t | o Your Statement o | f Financial Affairs for Ind | viduals Filing for Bankruptcy (Official Form 107)? |
| No. | . 5 | | | |
| Yes | | | | |
| | | | | |
| | ay or agree to pay some | one who is not an a | ttorney to help you fill ou | t bankruptcy forms? |
| ☑ No | | | | |
| Yes. | Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| III IE. | Debtor(s) | Case No | |
|-----------------|------------|--|------------------------------------|
| | | Chapter | Chapter13 |
| | VERIFI | CATION OF CREDITOR MATI | RIX |
| TI knowledge | | y that the attached list of creditors is tru | e and correct to the best of their |
| Date: | 11/11/2016 | /s/ Graham, Ashle | |
| *** | | Graham, Ashley Signature of Debte | or |

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| Deb | or 1 Ashley First Name | Middle Name | Graham Last Name | Case number (if known) | | | | |
|--|--|--|--|---|--|--|--|--|
| 16. | ************************************** | mily income that applies to y | | | SALUSSIUMMANNAM VISIONAM SALUSIAN IN CONTROLLA SALUSIAN SA | | | |
| | 16a. Fill in the state in wh | | Illinois | | | | | |
| | | people in your household. | 1 | | | | | |
| | | nily income for your state and size | un of | | \$49,741.00 | | | |
| | household | mly income for your state and siz | | a list of applicable median income amounts, go online | - | | | |
| 47 | | · | r this form. This list ma | ay also be available at the bankruptcy clerk's office. | | | | |
| 17. | How do the lines compa | | ton of name 1 of this | torm shock boy 1. Dianasahla innome is not dataminad | | | | |
| | | | | form, check box 1, <i>Disposable income is not determined</i> n of Disposable Income (Official Form 122C-2). | | | | |
| | U.S.C. § 1325(L | | Calculation of Dispose | k box 2, Disposable income is determined under 11 able Income (Official Form 122C-2). On line 39 of that | | | | |
| Part | 3: Calculate Your Co | ommitment Period Under 1 | 1 U.S.C. §1325(b) | (4) | | | | |
| 18. | Copy your total average | monthly income from line 11. | | | \$1,998.00 | | | |
| 19. | | | | not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13. | | | | |
| | 19a. If the marital adjustm | ent does not apply, fill in 0 on li | ne 19a. | | -\$0.00 | | | |
| | 19b. Subtract line 19a fr | rom line 18. | | | \$1,998.00 | | | |
| 20. | Calculate your current r | nonthly income for the year. F | ollow these steps: | | tames and the same of the same | | | |
| | 20a. Copy line 19b. | | | | \$1,998.00 | | | |
| | Multiply by 12 (the n | umber of months in a year). | | | x 12 | | | |
| | 20b. The result is your cur | rrent monthly income for the yea | r for this part of the for | m. | \$23,976.00 | | | |
| | 20c. Copy the median fan | nily income for your state and siz | e of household from li | ne 16c. | \$49,741.00 | | | |
| 21. | How do the lines compa | re? | | | | | | |
| | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. | | | | | | | |
| | | or equal to line 20c. Unless oth period is 5 years. Go to Part 4. | erwise ordered by the o | court, on the top of page 1 of this form, check box | | | | |
| Part | 4: Sign Below | Δ | | | | | | |
| | By signing here, I dec | lare under penalty of perjury that | the information on this | statement and in any attachments is true and correct. | | | | |
| | | | and the same of th | | | | | |
| | /s/ Ashley Gra | | <u> </u> | | | | | |
| | Signature of Debt | or 1 | S | signature of Debtor 2 | | | | |
| | Date 11/11/201 MM/DD/YY | | 0 | Date MM/DD/YYYY | | | | |
| If you checked 17a, do NOT fill out or file Form 122C-2. | | | | | | | | |
| | | | | of that form, copy your current monthly income from lin | e 14 | | | |